

STATEMENT OF ECONOMIC INTERESTS

 Date Received
 FEB 29 2012
 (Do Not Use Only)

COVER PAGE

BY: B. J. Warren

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Furutani Warren T.

1. Office, Agency, or Court

Agency Name

CA State Assembly

Division, Board, Department, District, if applicable

55th District

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/29/12
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name

Warren T. Furutani

► NAME OF SOURCE

Consumer Attorneys Assoc. of Los Angeles

ADDRESS (Business Address Acceptable)

800 W. 6th St., #700, LA, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 11	\$ 175.00	Dinner ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Long Beach Chamber of Commerce

ADDRESS (Business Address Acceptable)

One World Trade Center, #206 Long Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 11	\$ 50.00	State of Port ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE

City of Hope

ADDRESS (Business Address Acceptable)

1500 East Duarte Road, Duarte, CA 91010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 11	\$ 68.73	Lunch
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA Democratic Party

ADDRESS (Business Address Acceptable)

1401 21 St., St. 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	\$ 117.09	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

John A. Perez

ADDRESS (Business Address Acceptable)

777 South Figueroa St., Suite 4050, LA, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 09 / 11	\$ 84.20	Jacket
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Debra Nakatomi

ADDRESS (Business Address Acceptable)

1820 14th St., Suite 500, Santa Monica, CA 90404

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 02 / 11	\$ 325.00	Dinner ticket
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Warren T. Furutani

► NAME OF SOURCE

Asian America Education Institute

ADDRESS (Business Address Acceptable)

P. O. Box 188858

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 11	\$ 55.08	Breakfast
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE

MLK. Jr. Democratic Club

ADDRESS (Business Address Acceptable)

926 E. Helmeck Street, Carson, CA 90746

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 11	\$ 50.00	Lunch ticket
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE

Wilmington Chamber of Commerce

ADDRESS (Business Address Acceptable)

544 North Avalon Blvd., Wilmington, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 16 / 11	\$ 125.00	Lunch ticket
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE

SA Recycling

ADDRESS (Business Address Acceptable)

2411 N. Glassell Street, Orange, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 25 / 11	\$ 50.00	Dinner ticket
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE

Japanese American Citizens League

ADDRESS (Business Address Acceptable)

250 E. 1st, #303, LA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 08 / 11	\$ 58.25	Luncheon ticket
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE

Japanese American Citizens League

ADDRESS (Business Address Acceptable)

250 E. 1st, #303, LA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 11	\$ 125.00	Dinner ticket
__ / __ / __	\$	
__ / __ / __	\$	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Warren T. Fuentun</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE <u>Asian Pacific Americans in Higher Education</u>	
ADDRESS (Business Address Acceptable) <u>1130 K Street, Suite 250</u>	
CITY AND STATE <u>Sacramento, CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>02 / 14 / 11</u> - <u> </u> / <u> </u> / <u> </u> AMT: \$ <u>129.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description <u>Lodging</u>	

▶ NAME OF SOURCE <u>City of Los Angeles</u>	
ADDRESS (Business Address Acceptable) <u>1400 K Street, Suite 208</u>	
CITY AND STATE <u>Sacramento, CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>01 / 11 / 11</u> - <u>12 / 11 / 11</u> AMT: \$ <u>360.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description <u>Parking and shuttle services for Leg. Business</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u> AMT: \$ <u> </u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u> AMT: \$ <u> </u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____